SUPPLEMENT
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BRITISH MEDICAL JOURNAL.

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CONTENTS.

BRITISH MEDICAL ASSOCIATION.

CURRENT NOTES: PAGE
- Dangerous Drugs Regulations ... 77
- Ophthalmia Neonatorum in Lying-in Hospitals ... 77
- Middlesbrough Police Surgeon ... 77
- The "Daily Sketch" Propaganda ... 78
- Investigation of Excessive Prescribing ... 78
- Expenditure and Income Statistics ... 78

ASSOCIATION NOTICES
- Table of Dates ... 78
- Branch and Division Meetings to be held ... 78

MEETINGS OF BRANCHES AND DIVISIONS ... 79

DENTAL BOARD OF THE UNITED KINGDOM ... 80

INSURANCE NOTES: PAGE
- London Insurance Committee ... 81
- Hull Local Medical and Panel Committee: Statement of Views ... 81

INSURANCE CORRESPONDENCE:
- Medical Benefit ... 82
- Remuneration in Rural Practice ... 82

NAVAL AND MILITARY APPOINTMENTS ... 83
VACANCIES ... 83
ASSOCIATION INTELLIGENCE AND DIARY ... 84
APPOINTMENTS ... 84
DIARY OF SOCIETIES AND LECTURES ... 84
BIRTHS, MARRIAGES, AND DEATHS ... 84

British Medical Association.

CURRENT NOTES.

Dangerous Drugs Regulations.

From correspondence that reaches the Medical Secretary it appears that the profession generally is not yet fully alive to what is happening to it under the Dangerous Drugs Act of 1920. Under this Act inspection of doctors' records of transactions in "the drugs" are being made and any practising doctor may at any time be called upon, without notice, to produce his records. Failure to do so constitutes an offence against the Act, and the maximum penalties are heavy. An amending bill, the full text of which was published in the Supplement, February 24th (p. 59), aims, among other things, at a considerable increase in these penalties. As will be seen from the report published among our Parliamentary Notes this week, the second reading of the bill was moved in the House of Commons on February 23th by the Home Secretary. It came in for a good deal of criticism, chiefly from the medical, but also from the legal, point of view; eventually Mr. Bridgeman promised to consider amendments in Committee and to listen to any representations from the medical profession designed to make the regulations more workable. The bill was read a second time without a division and referred to Standing Committee.

The bill proposes that "Every person guilty of an offence against this Act shall in respect of each offence be liable—

"(a) On conviction on indictment to a fine not exceeding £1,000, or to penal servitude for a period not exceeding ten years, or to both such fine and penal servitude; or

"(b) On summary conviction to a fine not exceeding £250, or to imprisonment with or without hard labour for a term not exceeding twelve months, or to both such fine and imprisonment."

It should be noted that no provision is made for classification of offences so as to give the penalties some relation to the gravity of the offence. Consequently a doctor who, through inadvertence, has omitted to enter in his book the fact that he received from his wholesale chemist a quarter of a pound of morphine sulphate on a certain date is in the same category as the person who is caught committing the serious offence of selling cocaine in the street. The British Medical Association is closely watching this bill, and has expressed its appreciation of the excellent speeches made in the debate by Dr. Molloy and Sir Sydney Russell-Wells. The Parliamentary Subcommittee, which met on March 1st, had the benefit of the presence and advice of several of the medical members of Parliament, and steps are being taken to secure some classification of offences and to seek other amendments of the bill. The Medico-Political Committee, which has the whole question of the Dangerous Drugs Act under consideration, will be glad of the views of members of the profession on their experience of the working of the 1920 Act. Any letters on the subject should be addressed to the Medical Secretary, 429, Strand, W.C.2.

Ophthalmia Neonatorum in Lying-in Hospitals.

The Section of Ophthalmology at the Newcastle-upon-Tyne Annual Meeting in July, 1921, passed a resolution to the following effect:

"That, with a view to the prevention and adequate treatment of ophthalmia neonatorum occurring in lying-in hospitals, such hospitals should have upon the active staff an ophthalmic surgeon."

This resolution was referred to the Council of the Association for consideration and such action as might be deemed necessary. Believing that it might not always be possible for a particular lying-in hospital to have upon its active staff an ophthalmic surgeon, the Council, upon the recommendation of the Hospitals Committee, passed the following resolution:

"That, with a view to the prevention and adequate treatment of ophthalmia neonatorum occurring in lying-in hospitals, such hospitals should have available the services of an ophthalmic surgeon."

This opinion is being forwarded to all lying-in hospitals, the Society of Medical Officers of Health, the Association of Medical Superintendents of Poor Law Infirmaries, the Poor Law Medical Officers' Association of England and Wales, and to the Editor of the *Hospital*.

Middlesbrough Police Surgeon.

On February 17th the clerk to the county borough of Middlesbrough communicated with all the medical practitioners in the borough inviting them to apply for the vacant post of police surgeon. The salary offered was £175 per annum, ordinary court fees to be allowed in addition. The list of duties was heavy: it included examination of candidates for appointment and any subsequent examination which should be required; examination of members of the force in all cases in which a certificate was necessary under the Police Act of 1890 and the Police Pensions Act of 1921, or any amending Act or Order of the Watch Committee; attendance on all members of the force and the police matrons when sick or injured, and supply of all necessary medicines and dressings; attendance day or night for examination of any person on whom the chief constable required a report, and attendance day or night at the request of any police officer at the public mortuary to examine the body of any person; the keeping of records of all duties performed; the provision of a deputy in

case of temporary absence from duty, and the dispatch to the chief constable every Thursday morning of a return of all police officers and police matrons on the sick-list. It is understood that there are just under 200 members of the Police Force.

The honorary secretary of the Cleveland Division of the Association (Dr. G. H. Lowe) at once sent a notice to every member of the profession in the borough asking him not to apply for the post until the matter had been considered by the Executive Committee; the Committee met on February 19th and approved the action of the secretary, and a resolution that the salary offered was incommensurate with the duties was sent to the town clerk. The doctors were notified that a general meeting would be held as soon as the necessary facts had been obtained. Meanwhile four doctors who had applied for the post withdrew their applications. On February 23rd the Watch Committee met and was unable to make an appointment as there were no applicants. The secretary of the Division appeared before the Committee by invitation, and was asked by the chairman to give his views on the situation. He suggested that the members of the Force should be attended on a capitation basis; that the capitation fee should be at least 15s. a head per annum (including medicines); and that for attendance on persons at the request of the police there should be a fee of 7s. 6d. from 8 a.m. to 8 p.m., and 15s. from 8 p.m. to 8 a.m. The result was that the Watch Committee again circularized the members of the profession in the town offering these terms. The Executive Committee of the Division then met and recommended that the terms be accepted, and at a subsequent meeting of the doctors in the town the action taken was approved, and a hearty vote of thanks passed to the secretary for his prompt action.

We give the above particulars as an example of what can be done by prompt action by a Division when its members are well organized, and it has reason on its side.

The "Daily Sketch" Propaganda.

We have received the following letter with reference to the paragraph in the SUPPLEMENT of March 3rd:

Amberley House,
Norfolk Street, Strand,
London, W.C.2,
March 5th, 1923.

Dear Sir,

Our clients, Dr. V. S. Partridge, of 131, Coldharbour Lane, Brixton, S.E.5, Dr. C. L. Batteson, of 228, Goldhawk Road, W.12, and Dr. J. E. Jackson, of 15, Huntingdon Street, N., have consulted us concerning the article entitled, "The *Daily Sketch* Propaganda," which appears in your SUPPLEMENT of the 3rd instant. You state therein that the alleged libel in respect of which proceedings have been instituted against the editor, printer, and publisher of the *Daily Sketch*, relates to our clients "in their capacity as members of the Medical Practitioners' Union." While we have no intention to mention any point arising on the action, we think it right to point out that the above-quoted observation is inaccurate. The statement obviously relates to our clients in their capacity as medical members of the Medical Service Subcommittee of the London Insurance Committee, and although it is undesirable to discuss pending proceedings our clients are confident you will take the earliest opportunity of issuing a correction.

Yours truly,
BULCRAIG AND DAVIS.

Investigation of Excessive Prescribing.

It is desirable that secretaries of those Panel Committees desirous of adopting the new arrangements in connexion with the investigation of the prescribing in their areas (full details of which were contained in Circular M. 43 issued by the British Medical Association in February, 1923) should immediately notify the Ministry of Health of such adoption.

Expenditure and Income Statistics.

The attention of the medical profession is again drawn to the offer of a gratuitous copy of a model account book to any practitioner undertaking to forward the particulars entered therein for the confidential use of the Insurance Acts Committee. All information under this head ought to be in the possession of the central negotiating body for insurance practitioners (the Insurance Acts Committee) for use at the time of the revision, at the end of 1923, of the present bargain with respect to the insurance capitation fee. Inquiries should be addressed to the Medical Secretary, 429, Strand, W.C.2.

Association Notices.

TABLE OF DATES.

Mar. 15, Thurs.	Branch Reports for 1922 due at Head Office on or before this date.
April 18, Wed.	Council Meeting, 429, Strand, at 10 a.m.
April 28, Sat.	Annual Report of Council appears in SUPPLEMENT.
April 30, Mon.	Last day for receipt at Head Office of Nominations by a Division or not less than 3 Members for election of 24 Members of Council by grouped Home Branches. *(Nomination papers available upon application to Medical Secretary.)*
May 12, Sat.	Independent Motions for Annual Representative Meeting Agenda to be received at Head Office by this date.
May 12, Sat.	Publication in SUPPLEMENT of list of nominations for election of 24 Members of Council by grouped Home Branches.
May 12, Sat.	Voting papers for election of 24 Members of Council by grouped Home Branches posted from Head Office to members of groups (where there are contests).
May 19, Sat.	Last day for receipt at Head Office of voting papers for election of 24 Members of Council by grouped Home Branches (where contests).
May 19, Sat.	Publication in SUPPLEMENT of Provisional Agenda of Annual Representative Meeting, containing, *inter alia*, independent Motions for A.R.M. Agenda received at Head Office.
May 21, Mon.	Representatives and Deputy Representatives to be elected by this date.
June 2, Sat.	Publication in SUPPLEMENT of results of Council elections by grouped Branches.
June 2, Sat.	Nomination papers available at Head Office for election of 12 Members of Council by grouped Home Representatives.
June 8, Fri.	Names of Representatives and Deputy Representatives to be received at Head Office by this date.
June 13, Wed.	Council Meeting, 429, Strand, 10 a.m.
June 23, Sat.	Supplementary Report of Council appears in SUPPLEMENT.
July 6, Fri.	Amendments and Riders for Annual Representative Meeting Agenda to be received at Head Office by this date.
July 20, Fri.	Annual Representative Meeting, Portsmouth.
July 20, Fri.	Nominations for election of 12 Members of Council by grouped Representatives to be received (at A.R.M., Portsmouth) by this date.
July 21, Sat.	Annual Representative Meeting, Portsmouth.
July 23, Mon.	Council Meeting, Portsmouth.
July 23, Mon.	Annual Representative Meeting, Portsmouth.
July 23, Mon.	Election Returns Committee, Portsmouth.
July 24, Tues.	Annual Representative Meeting. Annual General Meeting, Portsmouth, President's Address.
July 24, Tues.	Election Returns Committee, Portsmouth.
July 25, Wed.	Council Meeting, Portsmouth. Conference of Honorary Secretaries, Portsmouth.
July 25, Wed.	Meetings of Sections, etc., Portsmouth.
July 26, Thurs.	Meetings of Sections, etc., Portsmouth.
July 27, Fri.	Meetings of Sections, etc., Portsmouth.

ALFRED COX,
Medical Secretary.

BRANCH AND DIVISION MEETINGS TO BE HELD.

BATH AND BRISTOL BRANCH: BRISTOL DIVISION.—A meeting of the Bristol Division will be held at the University (Room 40) on Tuesday, March 27th, at 4.30 p.m., when Dr. H. L. Ormerod will preside. Business: (1) Salary of Assistant M.O.H. for Bristol. To comply with the ethical rules of the Association the following resolution, passed at the meeting on Friday, February 23rd, will be voted upon:

> That in the opinion of the Bristol Division no medical practitioner within the area of the Division should apply for or hold the appointment of Assistant Medical Officer of Health for Bristol at a lower rate of remuneration than £800 (eight hundred) per annum, exclusive of travelling and other official expenses.

(2) Election of Representatives to Annual Representative Meeting. (3) To consider amendment to paragraphs 32 and 33 of the report on hospital policy, forwarded by the Brighton Division.

BIRMINGHAM BRANCH.—The fourth ordinary meeting of the Birmingham Branch will take place at the Medical Institute on Thursday, March 15th, at 3.30 p.m., when Mr. Albert Lucas, President of the Branch, will take the chair. Papers: (1) Sir Gilbert Barling: Pancreatitis in Relation to Gall Stones (illustrated by specimens and lantern slides). (2) Dr. Douglas Stanley: The Action of Adrenaline and Allied Drugs in Therapeutics.

CAMBRIDGE AND HUNTINGDON BRANCH: EAST HERTS DIVISION.—At the meeting of the East Herts Division to be held at the County Hospital, Hertford, on Wednesday, March 28th, Dr. Hysop Thomson, county M.O.H., will give an open lecture on Preventive Medicine in General Practice.

DUNDEE BRANCH.—A general meeting of the Dundee Branch will be held in University College, Dundee, on Wednesday, March 14th, at 4.30 p.m., when a British Medical Association lecture will be delivered by Professor J. Meakins (Edinburgh) on the Causes of Respiratory Symptoms in Cardio-vascular Diseases. At 6.30 p.m. a dinner will be held in Kidd's Rooms, Reform Street. Members of neighbouring Branches will be welcomed to these meetings.

ESSEX BRANCH: SOUTH ESSEX DIVISION.—A meeting of the South Essex Division will be held at the Victoria Hospital, Southend-on-Sea, on Friday, March 9th, at 8 p.m., when Dr. Alexander E. Gow will deliver an address on Certain Non-specific Agents in the Treatment of Infective Processes.

LANCASHIRE AND CHESHIRE BRANCH: LIVERPOOL DIVISION.—A special meeting of the Liverpool Division will be held at the Liverpool Medical Institution, on Wednesday, March 21st, at 4 p.m. Agenda: To receive and adopt the report of the Executive Committee of the Division as to the question of the appointment of assistant school medical officers under the Liverpool Education Authority. To discuss and vote upon the resolution contained in the report. It is important that all members of the Division should attend, as the members present and voting for and against the resolution must be recorded.

LANCASHIRE AND CHESHIRE BRANCH: SOUTHPORT DIVISION.—A meeting of the Southport Division will be held at the Medical Society's room, 52, Hoghton Street, Southport, on Tuesday, March 13th, at 8.15 p.m., when Dr. C. O. Hawthorne will deliver a British Medical Association lecture on Visual Defects as Evidence of Disease in the Nervous System.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—A meeting of the City Division will be held at the Metropolitan Hospital, Kingsland Road, E.8, on Tuesday, March 13th, at 9.15 for 9.30 p.m., when Mr. H. D. Gillies, F.R.C.S., Surgeon to the Queen's Hospital for Plastic Surgery, Sidcup, and the Prince of Wales's Hospital, Tottenham, will read a paper on Reparative Plastic Surgery, illustrated with lantern slides. Three cases will also be shown by Mr. Gillies. Any member of the profession will be welcomed.

METROPOLITAN COUNTIES BRANCH: WESTMINSTER AND HOLBORN DIVISION.—The annual meeting of the Westminster and Holborn Division will be held on Thursday, April 12th, at the Criterion Restaurant, at 7.15 p.m., when Dr. Harvey Hilliard, C.B.E., will preside. Agenda: 7.30, Dinner (price 7s. 6d., payable at the table). Members unable to be present at the dinner are requested to attend the subsequent meeting. 8.30, Division business: Election of officers. Nominations should be sent to the Honorary Secretary not later than April 5th. Dr. R. J. Roche will move a resolution in regard to the representation of Members of the Royal College of Surgeons on the Council of the College. 9, Mr. R. A. Gibbons, F.R.C.S., will read a paper on the Sterilization of the Unfit, to be followed by a discussion. Members of the profession will be welcome. On May 10th the Division will meet at 86, Brook Street, W.1, at 8.30 p.m., when Mr. Clayton-Greene, C.B.E., F.R.C.S., will open a discussion upon Modern Methods of Investigation of Abdominal Disease, and will be followed by Sir Thomas Horder and Dr. Gilbert Scott. After the discussion *x*-ray photographs and pathological specimens will be shown.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.—A meeting of the Willesden Division will be held at the Edinburgh House Club, 17, Shoot-up Hill, Cricklewood, N.W., on Wednesday, March 21st, at 9 p.m., when Sir Bernard Spilsbury will speak on Medico-Legal Questions. Members may dine at 7.30 p.m. at the club (3s. 6d. each) on notifying the stewardess before 11 a.m. Telephone, Hampstead 357.

MIDLAND BRANCH: DERBY DIVISION.—At the meeting of the Derby Division to be held on Friday, May 18th, Dr. M. J. Stewart will deliver a British Medical Association lecture on the Pathology of Gastric Ulcer.

MIDLAND BRANCH: LINCOLN DIVISION.—By kind invitation of the Lincoln Medical Society a clinical meeting of the Lincoln Division has been arranged to be held at the County Hospital on Thursday, March 15th, at 3.30 p.m.

SOUTH MIDLAND BRANCH: BUCKINGHAMSHIRE DIVISION.—The meeting announced on the list of meetings sent to all members of the Buckinghamshire Division to be held on March 30th will be held on *March 23rd*, at the Crown Hotel, Aylesbury, the former date being Good Friday. It is hoped that as many members as possible will attend, as the result of the negotiations between the Division and the Board of Management of the Royal Bucks Hospital regarding the contributory scheme will be considered. The surgical address at the meeting on May 16th will be given by Mr. E. M. Corner, F.R.C.S., Consulting Surgeon to St. Thomas's Hospital. The annual meeting will be held on June 30th.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SOUTH-WEST WALES DIVISION.—A meeting of the South-West Wales Division will be held at Carmarthen on Wednesday, April 11th, at about 2.30 p.m., when Dr. W. J. Tyson will give a British Medical Association lecture on Notes from Practice.

SOUTH-WESTERN BRANCH.—An intermediate meeting of the South-Western Branch will be held at Truro, on Thursday, March 29th.

SURREY BRANCH: CROYDON DIVISION.—A meeting of the Croydon Division will be held at the Croydon General Hospital on Tuesday, March 27th, at 8.15 p.m., when Dr. F. M. R. Walshe, O.B.E., will give an address on Neuritis.

SUSSEX BRANCH: BRIGHTON DIVISION.—A conjoint meeting of the Brighton and District Section of the British Dental Association and the Brighton Division of the British Medical Association will be held at the Queen's Road Dispensary on Tuesday, March 20th, at 8.15 p.m. Mr. E. R. Lowe will read a paper on Diet in its Relation to General and Dental Health, with special reference to the feeding of children.

YORKSHIRE BRANCH: SCARBOROUGH DIVISION.—A clinical meeting of the Scarborough Division will be held at the Pavilion Hotel on Thursday, March 22nd, at 8 p.m., when Mr. Carlton Oldfield (Leeds) will open a discussion on Some Discarded Theories and Methods of Treatment in Gynaecology. The paper will be preceded by a lantern demonstration of some minor operations in obstetrics.

Meetings of Branches and Divisions.

ASSAM BRANCH.

THE annual general meeting of the Assam Branch was held at Haflong on January 7th, and was well attended. In the absence of the President (Dr. Forsyth) Dr. WINCHESTER was voted to the chair.

Among the more important items of business transacted was the adoption by the Branch of Rules of Organization and the Ethical Rules of the Association.

The new officers elected for the year include Dr. Hugh Smith as President and Dr. G. C. Ramsay as Honorary Secretary.

Dr. JAMESON (Honorary Secretary) read the outgoing President's (Dr. Forsyth) address on the present position of the Branch and the work done during the year. Note was made of the satisfactory increase in the membership from 24 to 42 during the year; of the formation of the Surma Valley Division, and the efforts of the Branch in pressing the matter of sanitation of coolie lines on the tea industry; the Council of the Branch had also approached the Government of Assam with a statement of the position of the Branch, and had notified the Indian Tea Association of its readiness at all times to act as adviser on questions of medical and public health interest as they affect tea estates, and from both sources had received encouraging replies.

Lieut.-Colonel MCCOMBIE YOUNG, I.M.S., Director of Public Health for the Province, read a most interesting paper on "Some facts in regard to the progress of kala-azar work in the Province in general and in Sibsagar in particular." He showed how in some unknown manner a focus of kala-azar had occurred in the Sibsagar district in 1917, and how in 1919–20 an extensive recrudescence of the malady was prevalent throughout the endemic areas previously traversed by the disease. He related that nearly 16,000 patients had been treated by intravenous antimony tartrate injections during 1921, chiefly in special kala-azar hospitals, outdoor dispensaries, and out-centres organized to deal with the epidemic. He quoted the Government rules which were introduced to cope with the outbreak. Lieut.-Colonel McCombie Young considered that if cases were discovered in an early stage and thoroughly treated expensive destruction of houses and change of site may be found unnecessary, but that in any outbreak change of site combined with intravenous treatment will stamp out the disease.

In the discussion which followed Dr. FOSTER gave his experiences in combating two outbreaks in the Nowgong district.

A paper by Dr. Forsyth entitled "Notes on conditions affecting the health of the European community in the Province of Assam" was read by the CHAIRMAN. The paper discussed in a general manner the type of man best suited for the planter's life, emphasizing the importance of propensities such as aptitude for games and sport and a taste for reading. Matters such as marriage, housing, food and drink, clothing, etc., were touched upon and the importance of a small prophylactic dose of quinine daily as a preventive of blackwater fever was pointed out.

In the evening Major KNOWLES, professor of entomology in the Calcutta School of Tropical Medicine, gave a long lecture illustrated with a hundred lantern slides, on the Calcutta School of Tropical Medicine and its Programme for Research. The lecture was one of extraordinary interest and occupied something over three hours. Major Knowles traced the history of the school from its initiation by Sir Leonard Rogers to the present-day work and investigations being carried on there; he touched briefly on problems in connexion with the dysenteries, malaria, lathyrism, kala-azar, leprosy, naga sore, epidemic dropsy, and influenza and others.

At the conclusion Dr. SMITH, the new President, thanked Major Knowles very sincerely in the name of the Branch for coming all the way from Calcutta and giving such an interesting and instructive lecture.

METROPOLITAN COUNTIES BRANCH: SOUTH MIDDLESEX DIVISION.

A MEETING of the South Middlesex Division was held at St. John's Hospital, Twickenham, on February 21st, when Dr. PERODEAU was in the chair. The HONORARY SECRETARY read out the scale of salaries for medical officers employed by local authorities, which the Councils of the British Medical Association and the Society of Medical Officers of Health had agreed upon to be referred to the Annual Representative Body of the Association to be held at Portsmouth in July, 1923. A lively discussion took place, in which all members present participated. On the motion of Dr. A. G. THOMPSON, seconded by Dr. C. E. E. HERINGTON, the following resolution was unanimously adopted:

> That the South Middlesex Division have considered the scale of salaries for public health officers agreed upon between the Councils of the British Medical Association and the Society of Medical Officers of Health and are in entire agreement with this scale of salaries.

Arising out of the previous minutes, the HONORARY SECRETARY furnished reports concerning maternity homes at Hammersmith, Lewisham, and Croydon.

At 8.30 p.m. Dr. T. WATTS EDEN read a paper entitled "*Ante-partum* Haemorrhage." He said that since 1915 200 deaths had occurred annually from placenta praevia, and it was estimated that about 300 women died annually from accidental haemorrhage. *Ante-partum* haemorrhage was commoner in hospitals in industrial areas than in London. If there were no labour pains and the case was a primipara, the diagnosis of placenta praevia was difficult. Oedema, headache, and vomiting were usually present; areas of necrosis in the placenta caused toxaemia. Breech presentation was more common in placenta praevia. If the head presented and the urine contained albumin the condition was most likely accidental haemorrhage. If the breech presented and there was no albumin it was most likely placenta praevia. In placenta praevia labour was rare after the first haemorrhage. In accidental haemorrhage labour usually set in after the first haemorrhage; if pregnancy continued there was usually no recurrence of the haemorrhage. As regards treatment, if the patient was in labour and there was *ante-partum* haemorrhage treatment should be in hospital. When there was haemorrhage without labour the patient should be put to bed and given morphine, 1/3 to 1/4 grain. If all cases of *ante-partum* haemorrhage could be observed and kept under treatment the mortality would be reduced. If haemorrhage recurred treatment should be repeated. Severe haemorrhage usually produced labour; in concealed accidental haemorrhage this did not hold good, but that condition was very rare. The medical attendant should not wait for recurrence of haemorrhage if he was not able to keep the case under observation. He should (1) induce labour, in the case of a multipara, if the child was dead or non-viable, or the placenta on one side of the os. Or (2) Caesarean section should be performed, in the case of a primipara, or if the child was alive after thirty-five weeks, or if the placenta could be felt all round the os. The head should be turned by external version into a breech presentation, as haemorrhage was then more easily controlled. (3) The Krause method might be employed—gum elastic bougies, anaesthetic, speculum, with aseptic precautions. If the finger would pass through the os the membranes should be ruptured if reachable. If the placenta covered the os one should tear through it, rupture the membranes and pull down a foot. The lower uterine segment was thus plugged and the haemorrhage controlled. The mother should be left to deliver herself after some traction had been applied; it was sometimes found advantageous to attach small weights to the infant's leg. Many maternal lives were lost through too rapid delivery. In cases of *ante partum* haemorrhage, when the woman was in labour the mother's life should be placed first, as the child was usually premature and extremely susceptible. Direct transfusion of blood was the best known restorative method; the next best was the intravenous injection method of Professor Bayliss. As an alternative to podalic version de Ribes's bag could be used, but this was only recommended when the patient was in hospital; cases often had to be delivered by operative treatment after using this bag, and the mortality of mothers and infants was high. Plugging the vagina might be employed in cases of emergency whilst the patient was being removed to hospital; in concealed accidental haemorrhage it was of great advantage. The risks were that the haemorrhage was not controlled unless the plugging was thoroughly done, and sepsis might also ensue; Dr. Eden recommended sterilized bismuth gauze, as no putrefactive changes occurred in twenty-four hours.

Dr. PERODEAU stated that those cases were very trying in general practice. In two of his cases he did a podalic version and gave pituitary extract. Dr. SCOTT said that he had been fortunate in only having had one case, in which, he was afraid, he had cleared out the uterus quickly. Dr. EWEN asked the lecturer his opinion of ergot. Dr. EDEN said that ergot was a useful drug, but its supply was limited as it originally came from Russia; there was, however, a Swiss preparation called "Femergen" which was useful. Dr. SCOTT raised the question of albumin in the urine. Dr. EDEN said that in France the midwife tested the urine of her patients during pregnancy. Washing out the colon was very useful. Dr. CAMPS said that he had treated a case by that method with great success.

A hearty vote of thanks was accorded to Dr. Watts Eden for his most interesting paper.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.

A MEETING of the Willesden Division was held on February 21st, at the Edinburgh House Club, 17, Shoot-up-hill, N.W., with Councillor Dr. G. W. R. SKENE in the chair. The HONORARY SECRETARY read a letter from the Edinburgh House Club to the effect that membership of the club would be open to any member of the Association at an annual subscription of five guineas, no entrance fee being charged to medical practitioners.

Dr. A. E. GOW (St. Bartholomew's Hospital) read an interesting paper on Intravenous Protein Therapy, illustrated by numerous charts. Dr. Gow's paper was listened to with considerable interest, and afterwards a discussion took place. On the proposal of the CHAIRMAN a very hearty vote of thanks was accorded to Dr. Gow for his paper.

Dr. BRASH, in introducing a discussion upon the Dangerous Drugs Regulations, drew attention to the tendency of official interference between medical practitioners and their patients, and proposed the following motion, which was carried unanimously:

> In the opinion of this Division the Dangerous Drugs Regulations, in so far as they affect the medical profession, are absolutely useless in controlling illicit drug traffic, and the Division would urge the Council of the Association to work in every possible way to have them removed.

In reply to inquiries Dr. LOCKE stated that the School Medical Service scheme had been passed by the local Council and Education Committee and was awaiting the formal approval of the Board of Education, and that the maternity and child welfare scheme was very nearly complete.

The CHAIRMAN announced that the next meeting would be held on March 21st at 9 p.m., when Sir Bernard Spilsbury would speak upon medico-legal matters.

NORTH OF ENGLAND BRANCH: SUNDERLAND DIVISION.

A MEETING of the Sunderland Division was held at the Royal Infirmary, Sunderland, on February 22nd, with Dr. W. G. THOMPSON in the chair, when Dr. LEONARD WILLIAMS (London) delivered an address on "Endocrines, Vitamins, and Subtleties." Some seventy members were present at the meeting and listened to a most interesting and enjoyable address, and a very hearty vote of thanks was accorded to Dr. Leonard Williams for his kindness in visiting a Division so far from London. In the evening the annual dinner of the Division was held in the Palatine Hotel, when Dr. W. G. THOMPSON presided, and the guest of honour was Dr. Leonard Williams. Dr. RAW proposed the toast of "The Mayor and Corporation," and the Mayor of Sunderland (Councillor LAWSON), in responding, referred to the medical men who at present and in the past had at much sacrifice done excellent work on the town council. Mr. A. E. MORISON, in proposing the toast of "The Guest," said that what struck one most about Dr. Williams was his extraordinary versatility and his humour. Dr. WILLIAMS, who had an enthusiastic reception, gave some amusing details of his experiences in applying fasting treatment to certain patients. He tried the treatment himself and rather enjoyed it, and it had most excellent results. Mr. J. W. LEECH proposed the toast of "The Sunderland Division of the British Medical Association." He said that the Association had done a great work in the past on behalf of the profession, and that it was worked by a splendid Executive. There was one great problem looming in the air—that of the panel system and the Insurance Act. That system had been a professional and a financial success, and he warned members against giving away their principles and their individuality. It was a big question and could safely be left in the hands of the executive body of the British Medical Association. The toasts of "The Secretary" and "The Chairman" brought the proceedings to a close.

SURREY BRANCH: CROYDON DIVISION.

A GENERAL meeting of the Croydon Division was held at the Croydon General Hospital on February 27th, when Dr. G. G. GENGE was in the chair. Letters were read from the Assistant Medical Secretary of the Association and from Dr. Brook of Purley regarding the advertising in the Croydon papers by the Croydon Board of Guardians for a district medical officer for No. 8 District at a salary of £50 per annum, which was considered insufficient. The Secretary stated that he had telephoned, advising a meeting of the local practitioners, and promising support from the Executive Committee. A meeting had taken place, but the Secretary had that morning received a letter stating that the appointment had been made. The meeting decided that any further developments should be dealt with by the Executive Committee.

The following resolution passed under Ethical Rule 2 (*a*) on December 19th, 1922, was rescinded—fourteen clear days' notice having been given to all members of the Division:

> That in the opinion of the Croydon Division no medical practitioner within the area of the Division should hold the appointment of Medical Officer of Health to the County Borough of Croydon at a lower rate of remuneration than £1,500 per annum, exclusive of travelling and other official expenses.

Dr. T. G. STEVENS gave an address on Continued Haemorrhage at or about the Menopause, which was very much appreciated by all present. Several members took part in the discussion which followed, and the lecturer was heartily thanked.

DENTAL BOARD OF THE UNITED KINGDOM.

A MEETING of the Dental Board (in committee of the whole Board) was held on February 14th under the chairmanship of the Right Hon. F. D. ACLAND.

Registrations and Examinations.—The Registrar reported that the number of persons registered under the Dentists Act, 1921, is 7,420, including 716 who secured registration by virtue of having passed the prescribed examination. In addition, 540 persons have been registered with qualifications, making a total of 7,970, of whom 7,649 applied and paid the fees for the retention of their names on the *Dentists Register* for 1923, while the remainder have given no indication of their desire. These figures do not include mechanics, of whom 1,130 have been entered on the lists, nor practitioners of less than five years (740). Nearly 1,000 applications in various categories await consideration, in some cases because evidence in support of the application is wanting, in others because the prescribed fee has not been paid. At the examinations held in November and December last 712 candidates presented themselves, of whom 542 succeeded in satisfying the examiners and became eligible to apply for registration. The percentage of passes was 66.6 in Edinburgh, 74.5 in Manchester, and 78.2 in London. The number of candidates now eligible to present themselves for the examinations in April is 1,154. The receipts of the Board from registration fees in 1922 amount to £62,260.

Discipline.—The Discipline Committee reported that a number of cases had been brought to its notice with regard to practice by persons not on the *Register*, and the solicitor had been directed to take proceedings in the criminal courts. A large number of cases

of nonconformity with the Warning Notices had been brought forward, many of them of a trivial nature, in which a further admonition only was necessary; others may involve a summons to appear before the Board. The Committee stated that it regarded the distribution of the Warning Notices as sufficient, without further warning, to justify the summoning of practitioners before the Board to answer charges of advertising, canvassing, improper use of titles, and the like.

Education and Research.—The dental schools are being asked to furnish particulars of their accommodation and facilities for dealing with a larger number of students in the future. The letter sent to them from the Board states that it is necessary that the present number of students entering the profession annually should be more than doubled. The Educational Committee has been considering the best method of helping those who, while fulfilling the requirement of the Act as to having been engaged in the practice of dentistry for five years, are unable to obtain registration because they had not reached the age of 23 years on the statutory date. The probable attitude of the General Medical Council and the licensing bodies as to some special registration is to be ascertained. Schemes of post-registration study are being furthered, and it has also been decided that the chairman and treasurers of the Board shall be empowered to make loans to students on suitable security, in very exceptional cases. The Board appointed Mr. W. H. Dolamore as its representative on the Medical Research Council's Committee upon the causes of dental disease. Sir Walter Fletcher, secretary of the Medical Research Council, stated in a letter that the work of this committee is costing the Council about £1,000 a year, to which has to be added the cost of a research grant of £400 a year to a prominent young worker for additional bacteriological studies. With the co-operation of the Research Committee of the Dental Board, it is hoped to extend and accelerate the programme of research, and to this end the Medical Research Council welcomes the prospect of new financial support from the funds at the disposal of the Board. The Council has never set any financial limit upon this inquiry; the limit has been conditioned by the availability of competent workers, but the financial aid given by the Board will support the Council's Committee in its wish to encourage promising new workers in this field and permit of fresh developments.

Minor Dental Work.—The recent circular issued by the Board of Education on the employment of students and dental nurses in school clinics led to a question with regard to the position of dental students at Liverpool and Birmingham, where a strict application of the conditions laid down in the circular would necessitate considerable alteration in existing schemes with regard to the use of senior dental students. After considering the various respects in which the arrangements at these schools departed from the conditions of the circular, the Board passed a resolution that the limitations specified in the circular should not be exceeded, except that children might be treated by registered dental students in the last six months of their course under the close supervision of a qualified teacher in the dental school. At Liverpool simple extractions are done by fourth-year students, and at Birmingham by students who are described as senior and have passed an examination as to competency. The Shropshire County Education Authority also asked for a relaxation of the conditions governing the employment of dental dressers, and it was stated that the Minister of Health was favourably disposed towards granting a concession suggested by the Board of Education whereby the work of dental dressers might be continued as at present for two years, on the understanding that at the end of that time it would be limited to the minor dental work prescribed in the circular. The Dental Board resolved to address a communication to the Ministry of Health requesting that any departure from the circular be brought to an end at the earliest possible moment.

The balance sheet of the Dental Board shows a surplus for 1922 of £34,284, after payment of more than £15,000 on the new Hallam Street premises.

Insurance.

LONDON INSURANCE COMMITTEE.

AT the February meeting of the London Insurance Committee, Mr. F. A. THOMAS presiding, Dr. A. E. GREGG raised the question of reflections which had been made in lay newspapers on the work of the Committee, especially the Medical Service Subcommittee. The CHAIRMAN, however, ruled that notice must be given of any such question.

A Practitioner's "Negligence."—An unusual case which had been debated at the previous meeting and adjourned was again brought forward, in which it was alleged that a practitioner did not take sufficient care of an insured person who was suffering from tuberculosis. The insured person was attended by him—with certain intermissions, during which she was treated at a tuberculosis dispensary and at a sanatorium—from December, 1920, until a few days before her death in November, 1922. During the whole of this period she suffered from a cough, but the practitioner never examined her chest nor her sputum, and contented himself with giving her some medicines. It was also stated that in the summer of 1922, having promised to call on the patient on the following day he forgot to do so, and the visit was not made for a fortnight. An interval of three months elapsed before the practitioner replied to the Committee's request for his observations on the case; this resulted in the investigation being delayed, and before it could be arranged the patient died. The Medical Service Subcommittee found that the practitioner did not exercise sufficient care in the treatment provided by him, and recommended that he be censured, and that the attention of the Ministry of Health be called to the case. Dr. Pring, however, who said that the Committee had never had before it a case of more gross negligence, moved an amendment which stated that the practitioner was guilty of gross negligence in that he failed to take any care whatever with regard to the treatment of the patient, that he should be severely censured, and that the Ministry of Health should be informed with a view to taking action in connexion with the distribution of the grant. This amendment was carried by ten votes to four, and took the place of the original recommendation.

Sunday Attendance of Practitioners.—A report was brought forward from a subcommittee stating that a large number of practitioners either gave no attendance on Sundays or sought to be relieved of their obligation to do so. Out of 1,420 practitioners under agreement with the Committee, 574 had no fixed hours of attendance on Sundays. In many cases, however, they resided at the place where they carried on their practices, and it was assumed that if any patient consulted them in an emergency on a Sunday the necessary treatment would be provided. The Subcommittee held that, in the absence of complaints from insured persons, it would not be advisable for the Committee to require practitioners who had no fixed hours of Sunday attendance to institute such hours. At the same time it was of opinion that the insured person should be able to obtain treatment on Sundays if required in an emergency. The word "nil," inserted against the name of a practitioner on the list in respect of his attendance on Sundays, was misleading, and it was agreed that it be deleted, and words be inserted to the effect that insured persons were entitled to obtain treatment from their insurance doctors in cases of emergency at any time. The Subcommittee also proposed that when a practitioner applied to the Committee for permission to discontinue his hours of attendance on Sundays he should be asked certain questions as to the arrangements he had made. The medical members of the Committee took some objection, asserting that such questions could not legally be asked, and after some discussion the questions were, at their instance, rather differently framed. As finally agreed to, the questions to be addressed to any such practitioner were: (1) whether the surgery would continue to be formally open at special hours on Sundays; (2) whether the practitioner was usually available on that day to insured persons for the treatment of emergency cases; (3) whether the practitioner had made arrangements with another practitioner to attend such cases in his absence; (4) what was the distance of such deputy's address from the practitioner's surgery; (5) what arrangements had been made for the insured person to know the name and address of the deputy.

LOCAL MEDICAL AND PANEL COMMITTEES.

KINGSTON-UPON HULL.

WE have received for publication the following statement of the views of the Hull Local Medical and Panel Committee, which was put forward and unanimously agreed to at a meeting held on March 1st:

1. In view of the present position and probable future developments of medical practice, unity in the profession is essential for the protection of professional interests.

2. Unity implies unity both of purpose and, so far as possible, of method, in the profession as a whole, and not merely in that section of it which is engaged in practice under the National Insurance Acts.

3. Unity can only be obtained by the profession being organized into one society or association, under the guidance of one central controlling authority.

4. If there is more than one body or organization representing, or claiming to represent, the profession, there may be co-operation, there cannot be unity.

5. The British Medical Association has always existed to promote the interests of the profession in all directions—scientific, social, and political.

6. The interests of those members of the profession who are engaged in National Health Insurance practice are not opposed to, or essentially separate from, the common interests of those who are not engaged in that branch of practice.

7. Any attempt to divide the profession into two sections, panel and non-panel practitioners, is a fundamental error, and can only be subversive of, and not conducive to, professional unity.

8. The formation, or existence, of any society or organization having as its sole or main object the promotion of the interests of panel practitioners as such is a mistake, is not calculated to attain the objects which it professedly has in view, and does not tend to bring about professional unity.

9. The interests of panel practitioners as such, and their views upon all matters connected with panel practice, can best be expressed and ventilated at the annual and other Conferences of Panel and Local Medical Committees; are best safeguarded and generally dealt with by the Insurance Acts Committee, acting as the executive of the Conference; and are promoted and protected by the fact that the Insurance Acts Committee has behind it the weight and influence of the British Medical Association as a whole, representing, as it does, the majority of the entire profession.

10. No separate body claiming to represent panel practitioners has any inherent right to special representation as such upon the Insurance Acts Committee.

11. Unity in the profession, therefore, can only be attained, and the well-being in particular of that section of it which is engaged in panel practice secured, by the recognition of the British Medical Association as the body which represents all the interests of all the members of the profession; and by every medical practitioner becoming a member of the British Medical Association, thereby helping to secure unity within our ranks and the strength which comes from unity.

Correspondence.

Medical Benefit.

SIR,—I gather from the medical and lay press that all sorts of people have suggestions to make concerning the future of medical benefit. These range from total abolition to Elysian flights of fancy. It is all very pretty; but just where are we? Total abolition is unthinkable. It would be a breach of faith with the insured population too black for even the most hardened sociologist to contemplate with an easy mind. Medical benefit has come to stay. But what sort of medical benefit?

At present we are busily engaged (how busily it would surprise our critics to learn) in tinkering diseased and damaged bodies. So far so good. But we can do much better than that. If we give our minds to it, we can be of the utmost assistance to those whose chief concern is preventive medicine. We panel doctors have an unlimited field for observation. If only we will dig in it, all sorts of hidden secrets will be revealed.

Let those of us who are willing tell the big powers that we will lend a hand, if asked to do so, in one or other corner of the field of clinical research. There are plenty of questions which need answers. The panel service, if mobilized, should be able to supply some of the answers.

Let the approved societies and the M.P.'s and the ordinary general public understand that we are really out to do something useful (and most of us are), and we shall be respected instead of being shied at. At present the panel doctor is regarded by certain ill-informed persons as a sort of pariah. It is up to us to demonstrate that he is capable of becoming a most valuable watch-dog—a watch-dog who will look after the welfare of the community and bark at all disturbers of the peace.—I am, etc.,

Walsall, March 2nd. FRANK G. LAYTON.

Insurance Remuneration in Rural Practice.

SIR,—One factor, in the extra expense entailed in rural practice, has not been touched upon by your correspondents—that is, the extra wear and tear on car chassis and tyres entailed in a practice where the roads are mainly "district" and not "county."

For instance, 75 per cent. at least of my practice takes me over roads that are strange to steam rollers—where "metal" for renewal is thrown on sparsely and without any method, and pot holes and floods render progress slow and dangerous. The damage to tyres is appalling in cost and annoyance; springs and axles and bolts are ruthlessly broken. For the past three years my locomotion has cost 40 per cent. of total earnings. Of my panel patients 80 per cent. live beyond one and a half miles from my surgery, and about 60 per cent. over two miles. My yearly mileage is between 5,000 and 6,000. There is no chemist within five miles and I lose yearly on my panel dispensing some £30, owing chiefly to chronic epileptic and surgical tuberculosis and colliery accident patients. I understand I must, under the circumstances, dispense for my panel patients. There must be other rural practitioners working under similar conditions.

Owing to housing shortage my chauffeur has to reside over two miles away. All night calls are taken by myself, and wayside repairs in all weathers and in the dark are occasionally needed. I am well past three score years in age; night work is about the average for rural practice. I have never yet met a town practitioner who envied my life nor have I ever yearned to succeed to a town practice.

The motor car tax is particularly heavy on me because of the extra tyre and renewal cost caused by roads that are a disgrace to civilization necessitating maintenance of *two* cars.—I am, etc.,

Wrexham, Feb. 27th. WM. S. SPRENT.

SIR,—I am glad to see that the rural practitioner is waving a trusty lance in his own defence. In these days of tight money private practice is reduced to a minimum, and it is only the insured patients who fill our waiting rooms. None the less in the country the motor and general running expenses are the same. As a correspondent points out, you may have to travel twelve miles to and fro and only see one patient, and that an insured one. If I agree—and I am inclined to do so—that 9s. 6d. is the minimum capitation fee for the town practitioner, I am equally sure that the country practitioner should receive at least 12s.

I have had experience of both town and country practices, and I consider the work of a 2,000 panel in the former is about equal to a 700 or 800 in the latter. The mileage fund is quite inadequate.—I am, etc.,

Gillingham, Dorset, March 3rd. R. W. MORGAN.

SIR,—Now that the Association is collecting from its members as many statistics of their panel work as possible the following records for last year in a purely rural practice may be of interest:

Number of insured persons on list	850
Number attended	358
Number of consultations at surgery	4,552
Number of visits	2,161

This shows that 42 per cent. of insured persons on our list received an average of 12 consultations and 5.7 visits each, the equivalent of 5.35 consultations and 2.5 visits per insured person on our list. It is impossible to give reliable records of mileage as patients other than insured persons were visited on our rounds.

These figures are slightly higher than those from a similar practice published recently in your columns by "Rusticus," whose experiences of the friendly relations existing with both patients and friendly society officials coincide with our own.

The statistics for such a healthy year as 1922 indicate that the present mileage and capitation fees can in no way be considered excessive.—I am, etc.,

February 21st. RUS.

Insurance Medical Records.

SIR,—Perhaps the following simple plan of working the Insurance Regulations might assist some fellow practitioner who finds it difficult and tedious to keep the records.

1. On surgery door a wooden plate, gilt lettered and varnished, with surgery hours: "Messages to be left before — a.m. During surgery hours, please ring and walk in."

2. Printed slips, giving name and address, surgery hours, "Messages to be left before — a.m." Give one to each new patient when he signs Part A, saying he must come during those hours, or let me know before — a.m. In case of a broken leg or a fit I would come as soon as possible, but otherwise he must let me know before — a.m. The result of these two mental impressions about leaving messages before — a.m. has only to be tried to be appreciated in saving special visits except really urgent ones.

3. A long box, 41 in. long, 12 in. broad, 9½ in. deep, long partition down middle, lids folding inwards, hinges strengthened by two small chains. It contains my 1,900 envelopes, with alphabetical guide cards (100 in the set). This is on the desk, the patient presents his card, I at once get the envelope, fill up age, occupation, etc., enter date and consultation. Under "Clinical Notes" enter medicine and main symptom, and under "Diagnosis" the diagnosis if a certificate is given. If the patient wants a special bottle he had six months ago, all you have to do is to lift the one lid, take out his card in ten seconds, and there it is. No keeping prescription books and no keeping counterfoils of certificates.

4. Large monthly visiting book, issued for collectors with twenty-six columns, to which I rule five, and number the columns for the days of the month. Visits are entered on the envelopes at end of each month, except first visits, which are entered same day, with treatment and diagnosis.

A letter has been sent out by the local secretary, asking for returns to be sent to the Medical Secretary of the British Medical Association. In 2½ hours, with the assistance of one person, a record was made of all the visits and consultations for 1922 on all the envelopes I had in my possession. The outlay, less than £5, has amply repaid itself. I hope this will help other members to asssist the British Medical Association in the coming conflict.—I am, etc.,

February 8th. SIMPLEX.

Administrative Expenses.

SIR,—In regard to the Government threat to reduce the *per capita* grant, and to put the panel practitioners at the mercy of the "friendly" societies, may I suggest that merely going hat in hand to an unscrupulous Government official will fail as it did before? I suggest it is time the British Medical Association collected exact statistics as to administration expenses of this strange and wonderful Act.

Every week of the year, sometimes every day in the week, the doctors are deluged with "literature," demands for exchange of cards, envelope records, printed change of drug prices, or change of rules, and every conceivable device known to the Government limpet to pretend work and keep him in power with his salary. Thousands of limpets could be done away with. They could be put to honest work, and the doctors would be relieved of a great nuisance, and have more time to devote to diagnosis and treatment of disease.

One unanswerable point is this. When the Government officials' and employees' salaries come down to within 33 per cent. above their pre-war level (as ours are at present 9s. 6d. compared with 7s.), then and not till then will it be time to take ours down still further. Many Government employees are paid mostly 100 per cent. above pre-war level. If the profession does not keep a stiff upper lip this time they are going to see their remuneration cut down again and again by an unscrupulous bureaucracy without mercy, for the simple reason that the more they can cut down others the more they can get to batten on themselves.—I am, etc.,

Aboyne, N.B., Feb. 15th. G. B. SLEIGH.

Naval and Military Appointments.

ROYAL NAVAL MEDICAL SERVICE.

THE following notifications are announced by the Admiralty: Surgeon Commander T. A. Smyth to the *Titania*. Surgeon Lieutenant Commanders L. R. Warburton, O.B.E., to the *Hawkins*, P. W. Carruthers to R.N. Hospital, Haslar.

Surgeon Commander H. W. B. Shewell, O.B.E., has been placed on the retired list, with the rank of Surgeon Captain.

ROYAL ARMY MEDICAL CORPS.

The following Majors to be Lieutenant-Colonels: E. E. Parkes, to complete establishment; R. V. Cowey, D.S.O., vice Lieut.-Colonel A. W. N. Bowen, C.B.E., D.S.O. (ret. pay); Brevet-Colonel J. S. Bostock, and to remain seconded, vice Lieut.-Colonel D. Harvey, C.M.G., C.B.E., promoted; W. J. Waters, O.B.E., vice Lieut.-Colonel and Brevet Colonel J. S. Bostock, seconded; H. F. Shea, D.S.O., and to remain seconded, vice Lieut.-Colonel F. P. Lauder (ret. pay); T. B. Unwin, O.B.E., vice Lieut.-Colonel H. F. Shea, D.S.O., seconded.

Major J. H. Barbour retires on retired pay.

The following Captains to be Majors: B. Biggar, and to remain seconded; C. M. Finny, Brevet Major J. D. Kidd, O.B.E., M.C., Gordon Wilson, M.C., E. G. S. Cane, D.S.O., F. A. Robinson, M.C., temporary Major W. A. Frost, O.B.E., Douglas Reynolds, M.C., C. D. K. Seaver, W. T. Graham, O.B.E., W. Bisset, M.C., W. L. E. Fretz, P. Hayes, P. M. J. Brett, T. C. R. Archer.

The notification in the *London Gazette* of February 13th regarding temporary Captain Sidney Herbert is cancelled.

Temporary Captains W. C. McKee and B. F. Haythornthwaite relinquish their commissions and retain the rank of Captain.

ROYAL AIR FORCE MEDICAL SERVICE.

Flight Lieutenant (acting Squadron Leader) F. C. Kempson relinquishes his temporary commission on ceasing to be employed, and is permitted to retain the rank of Major.

INDIAN MEDICAL SERVICE.

Lieut.-Colonel H. Innes, appointed to officiate as Inspector-General of Civil Hospitals and Prisons, Assam, with effect from November 13th, 1922.

Colonel R. C. MacWatt, C.I.E., K.H.S., Inspector-General of Civil Hospitals, Punjab, appointed to be Director-General, Indian Medical Service, in succession to Major-General Sir William Edwards, K.C.I.E., K.C.B., C.M.G., K.H.P. (January 8th).

Lieutenant-Colonels to be Colonels, with effect from the dates specified: J. H. McDonald (October 25th, 1922), A. W. R. Cochrane (November 9th, 1922).

Lieutenant C. A. Kirton has been permitted to resign the service (November 30th, 1922).

Major-General Sir W. R. Edwards, K.C.I.E., K.C.B., C.M.G., M.D., F.R.C.S.E., K.H.P., has been granted leave on average pay for six months (January 8th).

Colonel R. Heard, M.D., V.H.S., appointed to be Inspector-General of Civil Hospitals, Punjab (November 21st, 1922).

Major H. Stott, O.B.E., appointed as Professor of Pathology in the Lucknow University, with effect from the date on which he assumes charge of his duties.

Lieut.-Colonel W. F. Harvey, C.I.E., has been granted leave for thirteen months (January 28th).

Lieut.-Colonel S. R. Christophers, C.I.E., O.B.E., appointed to officiate as Director, Central Research Institute, Kasauli, vice Lieut.-Colonel W. F. Harvey, C.I.E., granted leave.

Major H. E. Shortt appointed as a supernumerary officer attached to the Pasteur Institute, Shillong.

Lieutenant E. Kean to be Captain (June 6th, 1919).

The services of Captain H. Hingston have been placed temporarily at the disposal of the Government of Bengal (December 1st, 1922).

Major H. H. King has been attached to Central Research Institute, Kasauli (January 7th).

The services of Captain R. C. Malhotra, O.B.E., have been placed temporarily at the disposal of the Government of the Punjab.

Colonel R. C. MacWatt, C.I.E., K.H.S., to be Major-General (January 8th).

Major H. H. Thorburn, C.I.E., has been appointed to officiate as Residency Surgeon and Chief Medical Officer, Baluchistan, from December 6th, 1922.

Lieut.-Colonel F. E. Wilson has been granted leave for one year from December 6th, 1922.

Lieut.-Colonel C. H. Bensley to be Inspector-General of Civil Hospitals and Prisons, Assam.

Lieut.-Colonel L. J. M. Deas has been appointed to officiate as Political Agent in Kotah in addition to his own duties as Agency Surgeon (September 16th, 1922).

Major W. D. H. Stevenson, C.I.E., has been confirmed in the post of Director, Pasteur Institute of India, Kasauli.

The following officers have been permitted to retire from the service: Lieut.-Colonel F. F. Swinton, C.I.E. (July 27th, 1922), Captain W. M. Lupton (December 24th, 1922).

The following officers have been admitted to the service, with effect from the dates indicated:—To be Captains: Temporary Captain D. V. O'Malley, O.B.E. (October 17th, 1922), R. S. Aspinall and J. D. L. Yule (October 5th, 1922). To be Lieutenant: C. V. Falvey (October 17th, 1922).

REGULAR ARMY RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Colonel W. E. Hardy, late R.A.M.C., having attained the age limit of liability to recall, ceases to belong to the Reserve of Officers.

Captain T. D. Inch, O.B.E., M.C., resigns his commission.

MILITIA.

ROYAL ARMY MEDICAL CORPS.

Captain R. B. Campion relinquishes his commission, and retains the rank of Captain.

TERRITORIAL ARMY.

ROYAL ARMY MEDICAL CORPS.

Captain C. H. Vernon resigns his commission and retains the rank of Captain.

Captain W. K. Churchouse, M.C., late R.A.M.C.(T.F.), to be Captain with precedence as from February 23rd, 1916.

Lieutenant J. W. Hirst (late Duke of Wellington's Regiment), to be Lieutenant.

General Hospitals.—The following officers relinquish their commissions and retain their rank, except where otherwise stated:—Captains and are granted the rank of Major: G. H. Colt, J. J. Rainforth, J. B. F. Wilson. Captains: N. S. Finzi, H. Peterkin, C. W. Sharpley, G. W. Goodhart, F. V. Milburn, R. Richards.

Sanitary Companies.—Captains J. Chalmers and C. H. Lilley relinquish their commissions and retain the rank of Captain.

TERRITORIAL FORCE RESERVE.

ROYAL ARMY MEDICAL CORPS.

Major T. R. Kenworthy, M.C., from the General List, to be Major.

Captain H. N. Barnett, from General List, to be Lieutenant-Colonel, September 30th, 1921. (Substituted for the notification in the *London Gazette*, August 25th, 1922.)

Captain L. J. E. McHugh, from General List, to be Major.

The following officers relinquish their commissions and retain their rank: Captains A. J. Campbell, A. M. Deane, W. N. West-Watson, A. G. Williams.

General Hospitals.—Captain T. H. W. Alexander, from 1st Scottish General Hospitals, to be Captain.

Sanitary Company.—Captain F. G. Caley relinquishes his commission, and retains the rank of Captain.

VACANCIES.

ABERDEEN ROYAL INFIRMARY.—Junior Medical Officer (male) under the Public Health (Venereal Diseases) Regulations (Scotland). Salary, £500 per annum.

AYR COUNTY HOSPITAL.—Male Resident House-Surgeon. Salary, £175 per annum.

BARNET: WELLHOUSE HOSPITAL.—Assistant Resident Medical Officer. Salary, £150 per annum.

BOSMERE AND CLAYDON RURAL DISTRICT.—Medical Officer of Health. Salary, £110 per annum and bonus of £25, together with £10 *plus* £7 bonus as medical officer of the Council's hospital at Barham.

BRISTOL GENERAL HOSPITAL.—Surgical Registrar (honorary).

BRISTOL ROYAL HOSPITAL FOR SICK CHILDREN AND WOMEN.—Honorary Surgeon to Out-patient Department.

BUXTON: DEVONSHIRE HOSPITAL.—Assistant House-Physician. Salary, £150 per annum, rising to £175 per annum after three months.

CARLISLE: CUMBERLAND INFIRMARY.—Resident Medical Officer (male). Salary at the rate of £175 for first six months, and £200 per annum for second six months.

COLCHESTER: SEVERALLS MENTAL HOSPITAL—Locumtenent Medical Officer. Salary, £7 7s. a week.

DURHAM COUNTY EDUCATION COMMITTEE.—Assistant Oculist. Salary, £600 per annum, rising to £700.

EASTBOURNE: PRINCESS ALICE MEMORIAL HOSPITAL.—Honorary Medical Officer to take charge of Radiological and Electro-Therapeutic Department.

ELIZABETH GARRETT ANDERSON HOSPITAL, Euston Road, N.W.—(1) Assistant Medical Officer to Venereal Diseases Department; fee, £1 1s. per attendance. (2) Assistant Physician.

INVERNESS DISTRICT ASYLUM.—Junior Assistant Medical Officer (male). Salary, £250 per annum.

LEICESTER CITY ISOLATION HOSPITAL AND SANATORIUM.—Assistant Medical Officer. Salary, £350 per annum.

LIVERPOOL EYE AND EAR INFIRMARY, Myrtle Street.—House-Surgeon (male).

LONDON FEVER HOSPITAL, Islington, N.1.—Honorary Aural Surgeon.

LONDON LOCK HOSPITAL.—House-Surgeon at the Male Lock Hospital. Salary at the rate of £200 per annum.

MANCHESTER CORPORATION.—Lady Medical Officer. Salary, £450 per annum, and bonus £182 7s. 8d.

MINISTRY OF PENSIONS.—Junior Medical Officer (resident) at the Highbury Group of Hospitals, Moseley, Birmingham. Salary, £350 per annum.

PORTSMOUTH COUNTY BOROUGH.—Medical Officer to the Child Welfare Centres and Municipal Maternity Hospital. Salary, £500 per annum.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Two Assistant Resident Medical Officers. Salary at the rate of £80 per annum, and as Senior Resident Medical Officer, £100 per annum.

ROCHFORD UNION.—Deputy Medical Officer (non-resident) for the Rochford Poor Law Hospital. Payment at the rate of £75 per annum.

ROYAL CHEST HOSPITAL, City Road, E.C.—(1) Resident Medical Officer; (2) House-Physician. Salary at the rate of £200 and £120 per annum respectively.

ROYAL HALIFAX INFIRMARY.—Third House-Surgeon (male). Salary, £150 per annum.

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, Great Portland Street, W.1.—House-Surgeon. Salary, £150 per annum.

ROYAL NORTHERN HOSPITAL, Holloway Road, N.—Surgeon for Diseases of the Ear, Nose, and Throat.

ST. PETER'S HOSPITAL FOR STONE, Henrietta Street, W.C.2.—House-Surgeon. Salary at the rate of £75 per annum.

SEAMEN'S HOSPITAL SOCIETY.—House-Surgeon at the Dreadnought Hospital, Greenwich. Salary at the rate of £150 per annum and proportion of fees.

SHEFFIELD: SOUTH YORKSHIRE ASYLUM.—Medical Officer (male) Salary, £400 per annum, rising to £500.

SOUTH LONDON HOSPITAL FOR WOMEN, Clapham Common, S.W.—House-Physician (female). Salary at the rate of £100 per annum.

SOUTH SHIELDS: INGHAM INFIRMARY.—Junior House-Surgeon (male). Salary, £150 per annum.

SUNDERLAND ROYAL INFIRMARY.—House-Surgeon (male). Salary, £160 per annum.

TRURO: ROYAL CORNWALL INFIRMARY.—House-Surgeon. Salary, £170 per annum.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL, W.C.1.—Assistant to the Professor of Pathology. Salary, £500 per annum.

WEST-END HOSPITAL FOR NERVOUS DISEASES, Regent's Park, N.W.—House-Physician (Junior). Salary at the rate of £100 per annum.

WESTERN OPHTHALMIC HOSPITAL, Marylebone Road N.W.1.—First and Second House-Surgeons, non-resident. Salary, £150 and £100 per annum respectively.

WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) House-Physician. (2) Two House-Surgeons (male). Salary at the rate of £100 per annum.

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY.—House-Surgeon. Salary, £200 per annum

MEDICAL REFEREE UNDER THE WORKMEN'S COMPENSATION ACT, for County Court Circuit No. 49, attached more particularly to the Deal, Dover, Folkestone and Hythe, and New Romney County Courts. Applications to the Private Secretary, Home Office, by March 28th.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.

APPOINTMENTS.

COOMBE LYING-IN HOSPITAL, Dublin.—Clinical Research Assistant: Miss Dorothy H. Douglas, L.R.C.P. and S.I. Infant Physician: Brian D. Crichton, M.D.Dubl. In charge of *X*-ray Department: G. E. Pepper, L.R.C.P. and S.I. In charge of Radium Department: Dominick J. Cannon, M.B., Ch.B., N.U.I.

DR. STEEVENS'S HOSPITAL, Dublin.—Consulting Neurologist: Francis C. Purser, M.D. Assistant Surgeon: George E. Pepper, L.R.C.P. and S.I. Anaesthetist: Miss M. M. O'Leary, M.B., N.U.I.

MARTIN, Antony A., T.D., M.D. Lond., B.S., D.P.H., Medical Referee under the Workmen's Compensation Act, 1905, for County Court Circuit No. 50 (Eastbourne, Hastings, and Rye County Courts).

CERTIFYING FACTORY SURGEONS.—W. F. Beattie, M.B., Ch.B.Aberd., for the Stourbridge District, co. Worcester; A. Robertson, M.B., Ch.B. Aberd., for the Hornsea District, co. Yorkshire (East Riding).

DIARY OF SOCIETIES AND LECTURES.

ROYAL SOCIETY OF MEDICINE, 1, Wimpole Street, W.—*War Section*: Mon., 5 p.m., Colonel J. F. C. Fuller, D.S.O.: Problems of Future Warfare. The discussion will be opened from the medical standpoint by Lieut.-Colonel P. A. Anderson, R.A.M.C., to be followed by Lieutenant-Colonel W. P. MacArthur, D.S.O., and others. *Section of Therapeutics and Pharmacology*: Tues., 4.30 p.m., Discussion: The Action of Quinidine in Cases of Cardiac Disease, to be opened by Professor F. R. Fraser, followed by Drs. A. N. Drury, A. E. Clark-Kennedy, and T. F. Cotton. *General Meeting of Fellows*: Tues., 5 p.m., Mr. J. E. Adams: The Urgent Need for Education in the Control of Cancer. A discussion will follow, to be opened by Mr. C. P. Childe, followed by Lord Dawson, Dr. Herbert Spencer, and others. *Section of Psychiatry*: Tues., 8.30 p.m., Dr. C. S. Myers: The Association of Psychoneuroses with Mental Deficiency. Dr. H. J. Norman: Genius and Insanity. *Section of Dermatology*: Thurs., 4.30 p.m., Cases. *Section of Otology*: Fri. 4.45 p.m., Cases. 5 p.m. Dr. F. M. R. Walshe: Symptomatology of Eighth Nerve Tumours. Mr. Wilfred Trotter: Surgical Treatment of Tumours of the Eighth Nerve. *Section of Electro-Therapeutics*: Fri., 8.30 p.m., Professor Gosta Forsell (Stockholm): Observations on Movements of Gastro-Intestinal Mucosa.

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE.—Laboratory Meeting at R.A.M. College, Grosvenor Road, S.W., Thurs., 8.15 p.m. Demonstrations will be given by Major E. E. Austen, Colonel A. Alcock and Lieut.-Colonel H. J. Walton, Drs. J. A. Arkwright and H. M. Woodcock, Dr. W. Broughton-Alcock, Dr. S. H. Daukes, Lieut.-Colonel S. P. James, Dr. J. G. C. Ledingham, Professor R. T. Leiper, Dr. J. W. S. Macfie, Dr. H. B. G. Newham, Lieut.-Colonel H. Marrian Perry, Dr. A. C. Stevenson, Dr. G. M. Vevers.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.1. — Mon., 8.30 p.m., Discussion: The Value of Laboratory Investigation in Diseases of the Liver (including Biliary System) and of the Pancreas, to be introduced by Dr. Langdon Brown, followed by Dr. Langmead, Dr. McKenzie Wallis, Dr. J. W. McNee, Dr. E. A. Dodds, Dr. G. A. Harrison, Mr. H. E. Griffiths, Dr. George Graham, Dr. C. M. Wilson, and others.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.1.—Tues., 5 p.m., Third Goulstonian Lecture by Dr. Geoffrey Evans: The Nature of Arterio-sclerosis. Thurs., 5 p.m., First Lumleian Lecture by Dr. Arthur J. Hall: Encephalitis Lethargica (Epidemic Encephalitis).

POST-GRADUATE COURSES AND LECTURES.

BRITISH MEDICAL ASSOCIATION: NORTH OF ENGLAND BRANCH, Stockton and Thornaby Hospital, Stockton-on-Tees.—Thurs., 2.15-2.45 p.m., Mr. W. S. Dickie: Infective Spondylitis; 2.45-3.15 p.m., Dr. T. M. Allison: Pulmonary Diagnosis; 3.15-3.45 p.m., Dr. J. B. T. Keswick: Internal Ear; 3.45-4.0 p.m., Tea; 4.0-4.30 p.m., Mr. J. Clay: Digital Dilatation of the Prostatic Urethra; 4.30-5.0 p.m., Mr. T. A. Hindmarsh: Blood Transfusion.

FELLOWSHIP OF MEDICINE, 1, Wimpole Street, W.1.—Wed., 5.30 p.m., Mr. A. J. Walton: Differential Diagnosis of Surgical Dyspepsias.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION. — At Victoria Infirmary, Wed., 4.15 p.m., Dr. Douglas Russell: Medical Cases. At Hawkhead Mental Hospital, Fri., 4 p.m., Clinical Psychiatry.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—Thurs., 4 p.m., Mr. Barrington Ward: After-treatment of Operations.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.15 p.m., Mr. W. H. Hey: Jaundice from the Surgical Point of View. Fri., 4.15 p.m., Mr. W. R. Douglas and Dr. J. M. W. Morison: The Diagnosis of Surgical Treatment of Lesions of the Large Intestine.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.1.—Daily except Sat., Out-patients; except Wed., In-patients. Thurs., 5.30 p.m., Sir Sydney Russell Wells: Differences in the Circulation in Aortic and Mitral Disease.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Mon., Tues., Thurs., and Fri., 2 p.m., Out-patient Clinics. Mon., 12 noon, Dr. J. G. Greenfield: Poliomyelitis and Encephalitis Lethargica; 3.30 p.m., Dr. K. Wilson: Trauma in the Etiology of Organic and Functional Nervous Diseases. Tues., 3.30 p.m., Dr. H. Howell: Disseminated Sclerosis. Thurs., 3.30 p.m., Dr. Bailey: Electrical Treatment of Some Common Nervous Disorders. Fri., 3.30 p.m., Mr. Sargent: Compression Paraplegia. Operations, Tues. and Fri., 9 a.m.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Thurs., 5 p.m., Dr. C. H. Roberts: Rupture of the Uterus.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, W.C.—Mon., Wed., and Fri., 5 p.m., Hunterian Lectures by Sir Arthur Keith: Man's Posture: Its Evolution and Disorders.

ROYAL INSTITUTE OF PUBLIC HEALTH, 37, Russell Square, W.C.—Wed., 4 p.m., Dr. J. H. Sequeira: The Prevention of Congenital Syphilis.

SALFORD ROYAL HOSPITAL.—Thurs., 4.30 p.m., Dr. Jenkins: The Bacteriology of Acute and Chronic Rheumatism.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, St. James's Hospital, Ouseley Road, Balham, S.W.12.—Fri., 4.30 p.m., Mr. Swift Joly: Demonstration of Urological Cases.

UNIVERSITY OF LONDON, 1, Wimpole Street, W.1.—Wed., 5.30 p.m., Sir Archibald E. Garrod: Recent Work on Inborn Errors of Metabolism.

WEST END HOSPITAL FOR NERVOUS DISEASES, 73, Welbeck Street, W.1.—Wed., 1.30 p.m., Dr. W. R. Reynell: Common Neuroses. Fri., 5 p.m., Dr. Worster-Drought: Diagnosis of Cranial Nerve Lesion.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Mon., 10 a.m., Mr. MacDonald: Genito-Urinary Department; Tues., 12 noon, Dr. Burrell: Chest Cases. Wed., 4 p.m., Dr. Owen: Diagnosis of Medical Diseases of the Pancreas. Thurs., 10 a.m., Dr. Grainger Stewart: Neurological Department. Fri., 3 p.m., Mr. Sinclair: Surgical Cases. Sat., 10 a.m., Medical Diseases of Children. Daily, 10 a.m. to 6 p.m., Sat., 10 a.m to 1 p.m., In- and Out-patients, Operations, Special Departments.

WEST RIDING PANEL COMMITTEE TOWNSHIP INFIRMARY, Beckett Street, Leeds.—Tues., 3.30 p.m., Mr. H. Lee: The Eye in Relation to General Disease.

British Medical Association.

OFFICES AND LIBRARY, 429, STRAND, LONDON, W.C.2.

Reference and Lending Library.

THE READING ROOM, in which books of reference, periodicals, and standard works can be consulted, is open to members from 10 a.m. to 6.30 p.m., Saturdays 10 to 2.

LENDING LIBRARY: Members are entitled to borrow books, including current medical works; they will be forwarded, if desired, on application to the Librarian, accompanied by 1s. for each volume for postage and packing.

Departments.

SUBSCRIPTIONS and ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate, Westrand, London).
MEDICAL SECRETARY (Telegrams: Medisecra, Westrand, London).
EDITOR, *British Medical Journal* (Telegrams: Aitiology, Westrand, London).
Telephone number for all Departments: Gerrard 2630 (*3 lines*).

SCOTTISH MEDICAL SECRETARY: 6, Rutland Square, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)
IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

Diary of the Association.

MARCH.

13 Tues. City Division, Metropolitan Hospital, Kingsland Road, E.8.: Paper by Mr. H. D. Gillies on Reparative Plastic Surgery, 9.15 for 9.30 p.m.
Southport Division, at Medical Society's Room, 52, Hoghton Street, Southport: British Medical Association lecture by Dr. C. O. Hawthorne on Visual Defects as Evidences of Disease in the Nervous System, 8.15 p.m.
14 Wed. London: Propaganda Subcommittee, 2.30 p.m.
Dundee Branch: University College, Dundee, British Medical Association lecture by Professor J. Meakins on the Causes of Respiratory Symptoms in Cardio-vascular Diseases, 4.30 p.m.; dinner, Kidd's Rooms, Reform Street, 6.30 p.m.
Rochdale Division: Education Offices, The Lyceum, Baillie Street, Rochdale, Address by Dr. Arthur Burrows on Radium Therapy, 8.30 p.m.
15 Thurs. London: Insurance Acts Committee, 12 noon.
Birmingham Branch: Medical Institute, 3.30 p.m.
Lincoln Division: Clinical Meeting, County Hospital, 3.30 p.m.
20 Tues. Brighton Division: Conjoint Meeting with Brighton and District Section of British Dental Association, Queen's Road Dispensary, 8.15 p.m.
21 Wed. London: Hospitals Committee, 2.30 p.m.
Willesden Division, Edinburgh House Club, 17, Shoot-up Hill, Cricklewood, Sir Bernard Spilsbury: Medico-Legal Questions, 9 p.m.
Liverpool Division, Liverpool Medical Institution, 4 p.m.
22 Thurs. Scarborough Division, Pavilion Hotel: Discussion on Some Discarded Theories and Methods of Treatment in Gynaecology, to be opened by Mr. Carlton Oldfield, 8 p.m.
23 Fri. Buckinghamshire Division, Crown Hotel, Aylesbury.
27 Tues. London: Grants Subcommittee, 11 a.m.
London: Organization Committee, 2.15 p.m.
Bristol Division, University (Room 40), 4.30 p.m.
Croydon Division, Croydon General Hospital: Address by Dr. F. M. R. Walshe on Neuritis, 8.15 p.m.
28 Wed. East Herts Division, County Hospital, Hertford, Lecture by Dr. Hyslop Thomson on Preventive Medicine in General Practice.
29 Thurs. Sheffield Division: Church House, St. James Street, Sheffield, Address by Dr. G. C. Anderson, 8.30 p.m.
South-Western Branch.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

MARRIAGE.

BROWNE—THOMSON.—On the 6th of March, at St. Hildeburghs, Hoylake, by the Rev. W. T. Warburton, Hablot Browne, M.D., of Hoylake, to Dora Thomson, of Wath-on-Dearne, Yorks.

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